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| **C:\Users\edonaldson\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Q3RM98QY\New Logo.jpg** | LH24 | Housing Application Form | Version No. | Date of last version |
| Function: Housing & Support | | 4.3.1 | August 2024 |

Please complete all sections in full detail. We may contact you to request further information if necessary. Should you require further pages, please ensure to clearly mark them with your name.

Please see the check list on the final page to ensure you enclose any additional information required and return your application to:

LACE Housing Limited, LACE House, 2 Olsen Rise, Lincoln, LN2 4UZ. Should you require further assistance, please contact the Housing Team on 01522 514444.

|  |  |  |
| --- | --- | --- |
| **Applicant details** | | |
|  | **Applicant** | **Second Applicant** |
| Title (tick as appropriate) | Mr □ Mrs □ Miss □ Ms □ Other ………………………………. | Mr □ Mrs □ Miss □ Ms □  Other ………………………………. |
| First name(s) |  |  |
| Surname |  |  |
| Previous surname |  |  |
| Date of birth |  |  |
| National Insurance number |  |  |
| National Health number |  |  |
| Nationality |  |  |
| Are you subject to immigration control? | Yes □ No □ | Yes □ No □ |
| Main language |  |  |
| **Contact details**  If contact details should change, please notify LACE. | | |
|  | **Applicant** | **Second Applicant** |
| Email |  |  |
| Home telephone |  |  |
| Mobile telephone |  |  |

|  |  |  |
| --- | --- | --- |
| **Address of current property** | | |
|  | **Applicant** | **Second Applicant** |
| House number/name |  |  |
| Street |  |  |
| Village/Town |  |  |
| County |  |  |
| Postcode |  |  |
| Date you moved into this address |  |  |

|  |  |  |
| --- | --- | --- |
| **Correspondence address** | | |
| If you would like post sent to a different address or someone else to act on your behalf,  for example, a relative, social worker or advocate, please provide details below:  Do you wish: your post sent to a different address □ please tick if required  someone else to act on your behalf □ please tick if required | | |
| Contact name |  | |
| Relationship to applicant |  | |
| Address  Postcode |  | |
| Telephone numbers: |  |  |
| Email address |  | |
| Can we contact them on your behalf? | **Yes □** | **No □** |
| Should you at a later date, decide to withdraw this consent or wish for a new party to act on your behalf, please notify the housing team as soon as possible. | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Information about your current home** | | | | | | | |
| **Type** | | **Applicant** | | | **Second Applicant** | | |
|  | | Please tick | | No of bedrooms | Please tick | No of bedrooms | |
| Ground floor bedsit | |  | |  |  |  | |
| Above ground floor bedsit  With lift? Yes □ No □ | |  | |  |  |  | |
| Ground floor flat | |  | |  |  |  | |
| Above ground floor flat  With lift? Yes □ No □ | |  | |  |  |  | |
| Maisonette | |  | |  |  |  | |
| House | |  | |  |  |  | |
| Bungalow | |  | |  |  |  | |
| Mobile home | |  | |  |  |  | |
|  | | | | | | | |
| **Tenure** | | **Tick** |  | | | | **Tick** |
| Private rented | |  | Owner occupier | | | |  |
| Council tenant | |  | Housing Association tenant | | | |  |
| Renting a room | |  | Living with friends | | | |  |
| Living with relatives | |  | Lodging with resident landlord | | | |  |
| Tied tenant | |  | Armed forces accommodation | | | |  |
| Other (please state) | |  |  | | | |  |
| **If you are a tenant, please provide contact details of your landlord, in order for LACE to request a reference** | | | | | | | |
| Landlord name |  | | | | | | |
| Address  Post code |  | | | | | | |
| Telephone numbers |  | | | | | | |
| Email address |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facilities in your current home** | | | | | | | | | | | | | | | | |
|  | | | | | **Have now (please tick)** | | | | | | **Will need in new home (please tick)** | | | | | |
| Stair lift | | | | |  | | | | | |  | | | | | |
| Tray shower | | | | |  | | | | | |  | | | | | |
| Level floor shower | | | | |  | | | | | |  | | | | | |
| Wheelchair access | | | | |  | | | | | |  | | | | | |
| Through floor lift | | | | |  | | | | | |  | | | | | |
| Downstairs toilet | | | | |  | | | | | |  | | | | | |
| Other (please state) | | | | |  | | | | | |  | | | | | |
| Please tick if you have access to the following facilities, or you have to share any of the following facilities with someone who is not part of your household | | | | | | | | | | | | | | | | |
| **Facilities** | | **Yes** | | **No** | | | **Share** | | **Facilities** | | | **Yes** | | **No** | | **Share** |
| Any form of heating in the living room | |  | |  | | | **N/A** | | Hot water supply | | |  | |  | | **N/A** |
| Any form of heating in bedrooms | |  | |  | | | **N/A** | | Bath or shower | | |  | |  | |  |
| Kitchen/cooking facilities | |  | |  | | |  | | Internal toilet | | |  | |  | |  |
| A downstairs toilet | |  | |  | | |  | |  | | |  | |  | |  |
| **Local Connection**  Some of our properties require you to have a local connection to the area you have chosen. Please provide us with information to help us with your application. | | | | | | | | | | | | | | | | |
| How long have you lived in the area for which you apply for? | | | | | |  | | | How long did you live in the area in the past? | | | | | |  | |
| Have you worked in the area? If yes, how long? | | | | | |  | | | Do you have family in the area that you apply for, and so you require their support? | | | | | |  | |
| Any other local connection | | | | | |  | | | | | | | | | | |
| If yes to the above, please provide further detail | | | | | |  | | | | | | | | | | |
| **Previous Addresses**  Please provide full detail of all previous addresses that you have resided in the past five years. We may contact all previous landlords for tenancy references.  **Main Applicant** | | | | | | | | | | | | | | | | |
| **Address** | **Date from** | | **Date to** | | | | | **Tenure** | | **Landlord name and address** | | | **Reason for move** | | | |
|  |  | |  | | | | |  | |  | | |  | | | |
|  |  | |  | | | | |  | |  | | |  | | | |
|  |  | |  | | | | |  | |  | | |  | | | |
| **Second applicant**  Are all of your addresses for the past five years the same as the main applicant? If not please provide full details of all the previous addresses you have lived at in the past five years, please note we may contact all landlords for tenancy references | | | | | | | | | | | | | | | | |
| **Address** | **Date from** | | **Date to** | | | | | **Tenure** | | **Landlord name and address** | | | **Reason for move** | | | |
|  |  | |  | | | | |  | |  | | |  | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Household**  Please provide details of all current household members, and if they intend to move with you | | | | | | | | | | | | | | |
| First Name | Surname | | Relationship to applicant | Sex  M F | | | Date of birth | | | Living with you now  Y N | | Will they move with you  Y N | | |
|  |  | |  |  | |  |  | | |  |  |  | |  |
|  |  | |  |  | |  |  | | |  |  |  | |  |
|  |  | |  |  | |  |  | | |  |  |  | |  |
| Do you have anybody who regularly needs to stay overnight with you, i.e. a carer – please provide details | | | | | | | | | | | | | | |
| First name | | Surname | | | Relationship to applicant | | | | Date of birth | | | | Sex | |
|  | |  | | |  | | | |  | | | |  | |
|  | |  | | |  | | | |  | | | |  | |
| LACE Housing consider pets on a case-by-case basis only. We do have a pet policy and application form, that you shall be provided a copy of should you be offered accommodation. Please provide details for any pets you currently own: | | | | | | | | | | | | | | |
| What type of pet | | | | | | | | Would you like this pet to move with you? | | | | | | |
|  | | | | | | | |  | | | | | | |

LACE Housing Limited is a ‘not for profit’ organisation with charitable status. It does not discriminate between older people who fully self-fund and those who receive contributions from Housing Benefit, Social Services or any other source.

As a charitable organisation, there may be occasions where we are unable to provide accommodation where you are considered to have the financial capacity to access a property through the private sector.

|  |  |  |
| --- | --- | --- |
| **Your income and other finances**  Please provide details of all that apply | | |
|  | **Applicant** | **Second Applicant** |
| **Savings and assets** | | |
| Do you have any savings or assets (excluding your home)  If so, how much is their net worth | Y □ N □  £ | Y □ N □  £ |
| If you own your home, are you selling?  If so how much equity do you expect to release? | Y □ N □  £ | Y □ N □  £ |
| Do you own or have any financial interest in a property other than your current home, anywhere in the world?  If yes, please give details | Y □ N □ | Y □ N □ |
| **Incomes (Per Month)** | | |

|  |  |
| --- | --- |
| Income from Employment | £ |
| Working tax credit | £ |
| State Pension | £ |
| Private Pension/s | £ |
| Pension Credit | £ |
| Attendance allowance | £ |
| Personal independent payment | £ |
| Employment and support allowance | £ |
| Disability Living Allowance | £ |
| Carers allowance | £ |
| Job Seekers Allowance | £ |
| Housing benefit | £ |
| Universal Credit | £ |
| Income Support | £ |
| Other | £ |
| **Total Income** | **£** |
| **Expenditure (Per Month)** | |
| Rent | £ |
| Council Tax | £ |
| Insurance Policies | £ |
| Loans | £ |
| Gas | £ |
| Electricity | £ |
| Water | £ |
| Food & Household Costs | £ |
| Contents Insurance | £ |
| Life Insurance | £ |
| Telephone | £ |
| Mobile Phone | £ |
| TV Licence | £ |
| SKY/Cable/Other | £ |
| Travel | £ |
| Car Tax | £ |
| MOT | £ |
| Car Insurance | £ |
| Petrol/Diesel | £ |
| Clothing | £ |
| Medicines | £ |
| Pension | £ |
| Maintenance Payments | £ |
| Court Fines | £ |
| Entertainment | £ |
| Cigarettes | £ |
| Alcohol | £ |
| Other (please state) | £ |
| **Total Expenditure** | **£** |
| **Income minus Expenditure - Total** | **£** |

|  |  |  |
| --- | --- | --- |
| **Debts and other financial commitments (only include those above £200)** | | |
|  | **£**  **Total outstanding** | **£**  **Total outstanding** |
| Rent arrears (past or present) |  |  |
| Housing related debt, i.e. water rates, overpayment of housing benefit etc. |  |  |
| Personal Loans |  |  |
| Credit cards |  |  |
| Store cards |  |  |
| Fines |  |  |
| Other |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for applying – please tick all boxes that apply:** | | | |
|  | Tick |  | Tick |
| Asked to leave by family or friends |  | Your home has major dampness |  |
| Received formal notice to leave by your landlord |  | Notice to leave tied accommodation |  |
| Current living arrangements unsuitable due to existing or increased care and support needs |  | Unable to receive care due to current location, e.g. rural area |  |
| Risk of violence or harassment |  | Relationship breakdown |  |
| Need additional bedroom |  | Need a smaller property |  |
| Currently sharing facilities |  | Facing financial difficulties |  |
| Property currently lacks essential facilities (i.e. toilet/hot water etc.) |  | Living in an isolated area with no facilities, transport etc |  |
| Behind with mortgage payments  or loan secured on property |  | Other |  |
| If you have ticked any of the reason(s) in the previous boxes, please give full details below: | | | |
| If you are not currently in your own home, i.e. in hospital, respite care, with family or friends; is your health/disability preventing you from returning to your own home?  Yes □ No □  If you have answered yes, please give details: | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Support and Agencies working with you.**  If you currently receive support from any other organisation, for example health & social care, a health agency, housing support, voluntary organisation etc. please provide details below: | | | | | | |
| **Applicant** | | | | | | |
| **Organisation** | **Name** | | | **Address** | | **Telephone No.** |
|  |  | | |  | |  |
| **Second Applicant** | | | | | | |
| **Organisation** | **Name** | | | **Address** | | **Telephone No.** |
|  |  | | |  | |  |
| **Health and Medical Needs**  Please give details of any health problems or disabilities | | | | | | |
|  | | **Applicant**  Please tick | **Second Applicant** please tick | | **Details** | |
| Physical disability | |  |  | |  | |
| Visual impairment | |  |  | |  | |
| Total or partial deafness | |  |  | |  | |
| Mental health problems | |  |  | |  | |
| Dementia/Cognitive needs, i.e. short term memory loss | |  |  | |  | |
| Learning disability | |  |  | |  | |
| Autism/Aspergers | |  |  | |  | |
| Age related physical infirmity | |  |  | |  | |
| Alcohol use issues | |  |  | |  | |
| Drug use issues | |  |  | |  | |
| Other | |  |  | |  | |
| **Please describe how your health/disability makes your current accommodation unsuitable** | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Support** | | | | | | |
| **What type of support do you currently get or need? Please tick any boxes that apply** | | | | | | |
|  | Financial assistance | Support with Benefits | Advocacy | Liaising on your behalf, i.e. with G.P hospital, adult social care etc. | Support with mental health needs | Support with Dementia/and or cognitive needs |
| **Applicant** |  |  |  |  |  |  |
| How Often? |  |  |  |  |  |  |
| **Second applicant** |  |  |  |  |  |  |
| How Often? |  |  |  |  |  |  |
| If you have ticked any of the above, please give any further information below. If you have any additional support needs in addition to those listed above, please also give details below: | | | | | | |

|  |  |
| --- | --- |
| **Social** | |
| **Do you currently have access to social facilities including hobbies, community events, friends etc. If yes, how often?**  **If no, please explain how this impacts on your health and wellbeing** | |
| **Applicant** | **Details:** |
| **Second Applicant** | **Details:** |
| **Would you like to increase social contact with other people from outside your household?**  Yes□ No □ | |

|  |  |
| --- | --- |
| **How would you describe the way your current social contact is impacting on your health?**  not at all □ slightly □ to quite a degree □ it severely affects me □ | |
| **Can you access amenities from your home, i.e. shops, post office, bus stop? If not, please say how this impacts on your health and wellbeing** | |
| **Applicant** | **Details:** |
| **Second Applicant** | **Details:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mobility and Aids** | | | | |
|  | **Applicant** | | **Second Applicant** | |
|  | **Yes** | **No** | **Yes** | **No** |
| Do you use a walking aid, i.e., stick, walking frame or crutches? |  |  |  |  |
| Do you use a wheelchair? |  |  |  |  |
| Is your current home adapted for a wheelchair? |  |  |  |  |
| Can you use stairs? |  |  |  |  |
| Can you get in and out of a bath? |  |  |  |  |
| \*Do you need a powered mobility scooter? |  |  |  |  |
| If you wish to add anything about the above, please write below: | | | | |

**\* Please note some of our schemes only have limited storage for powered mobility scooters and some have no storage at all. You will need to apply for permission to store a powered mobility scooter on any of our schemes. There may be a waiting list**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Care needs – only complete this section if you are applying for an Extra Care Scheme** | | | | |
| **If you have care needs, which of the following do you need help with:** | | | | |
| **Task** | **Applicant** | | **Second Applicant** | |
|  | **Yes** | **No** | **Yes** | **No** |
| Prepare meals |  |  |  |  |
| Eating |  |  |  |  |
| Using the toilet |  |  |  |  |
| Bathing or showering |  |  |  |  |
| Getting dressed or undressed |  |  |  |  |
| Getting in and out of bed |  |  |  |  |
| Managing medication |  |  |  |  |
| Other (please give details) |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Care hours** | **Applicant** | **Second Applicant** |
| **\*\*Total number of care hours currently being received** |  |  |
| **\*\*Total number of care hours you have been assessed as needing but not currently receiving** |  |  |
| **\*\*If you have been assessed as needing care but are unable to receive it, please let us know why** |  |  |

**\*\*Please note we will require proof of this information with your application form (see checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extra care housing**  LACE provide Housing management and support on site at these schemes. There **must** be a care and support requirement for allocation.  Care is assessed and provided by a commissioned care provider. | | | | | |
|  | Tick  box |  | Tick box |  | Tick box |
| **Extra care housing for rent:** | | | | | |
| Olsen Court, Lincoln  (passenger lift) |  | Brick Kiln Place, Grantham  (passenger lift) |  | Worth Court, Bourne  (passenger lift) |  |
| Diamond Place,  Welton  (Passenger Lift) |  |  |  |  |  |
| **Extra care housing for sharehold:** | | | | | |
|  |  | Brick Kiln Place,  Grantham (passenger lift) |  |  |  |
|  |  |  |  |  |  |
| **Supported housing**  There is no on-site support within these schemes. The term “supported” relates to the facilities onsite (e.g. coded door entry system, lift, and communal areas)  Please see our brochure/website for further details. | | | | | |
|  | | | | | |
| Almond House-  Lincoln  Apartments (no lift) |  | Kathleen Court-  North Hykeham  Bungalows |  | Roman Gate (Lincoln, Nettleham Road) |  |
| Olsen Court-Lincoln  apartments (chairlift) **(Support need required)** (P2) |  | Olsen Court-  Lincoln  Bungalows **(Support need required)** (P2) |  | Olsen Court – Lincoln apartments (passenger lift) (Phase 3) |  |
| Jubilee Court-Lincoln  (no lift) |  | Navigation Court-Saxilby  (no lift) |  | Chapman Court-Skegness  (platform lift) |  |
| Wellington View-  Ingham  (platform lift) |  | The Burrows-  Nettleham  (platform lift) (Nomination Agreement) |  | Brighton Place-  Washingborough  (Platform lift) |  |
| Collinson Court – Scunthorpe (no lift) |  | Lauriston Court-Grantham  (passenger lift) |  |  |  |
| **Supported housing for shared ownership:** | | | | | |
| Jubilee Court-Leasehold, Lincoln  (no lift) |  | Navigation Court-Leasehold  Saxilby (no lift) |  | Sewell Court-Leasehold, Lincoln  (no lift) |  |
| Conisbrough Close-  Grantham  bungalows |  | Olsen Court-  Lincoln  Apartments  (passenger lift) |  | Marion Close-  Washingborough  Bungalows |  |
| Baker Drive-  Nettleham  Bungalows |  | Frith Close-  Nettleham  Bungalows |  | Diamond Place,  Welton  Bungalows |  |

|  |
| --- |
| **Scheme Information**  Which of our accommodation/services are you applying for?  Please refer to or request our brochure/website/allocation factsheet for full details on each scheme, prior to making your choices below: |

\***Please note that some schemes have limited mobility scooter storage**

Please state your preferences:

□ I would only consider ground floor accommodation

□ I would consider any floor providing there is a lift

□ I would consider any floor regardless of lift availability **ease tick, should you wish to be considered for the following**

**Declarations**

|  |  |  |
| --- | --- | --- |
| **Convictions**  Have you or any members of your household who are moving with you have any of the following? | | |
|  | **Yes** | **No** |
| Any conviction not spent under the Rehabilitation of Offenders Act 1974? |  |  |
| Any court orders which have resulted in legal action against you including antisocial behavior orders? |  |  |
| Placed on the Sex Offenders Register? |  |  |
| If you have answered yes to any of the questions above, please provide full details below: | | |

|  |
| --- |
| **Forms of Identification and proof of address:**  **Please supply proof of your current address with this application form.**  Should your application be approved on our waiting list and you are later shortlisted for accommodation, we will request the following documentation:  **Right to Rent proof** (for example; British passport, Driving license. Birth certificate)  **Proof of income** (for example; pay slip, DWP statements, Pension/savings)  **Bank statement covering most recent 2 months** |

|  |  |
| --- | --- |
| **Assessment and/or visit:**  A member of our Housing Team will visit you to assess you in your current home, or invite you to one of our schemes, so you can appreciate the facilities and services available.  This helps us to understand your circumstances as well to make an informed decision as to the level of care and or support you require.  If you have any reason why you would not wish for a home visit, please state why below:   |  | | --- | |  | |
| **Committee and staff connection**  Please tell us if you or any person included in your application is or has been in the past 12 months:  Employed by LACE Housing Limited:  Yes □ No □    Is related to, or friends with a member of staff working within LACE Housing Limited  Yes □ No □  Is related to, or friends with a member of the Board of LACE Housing Limited  Yes □ No □  If yes, please provide details below:   |  | | --- | |  | |

|  |  |  |
| --- | --- | --- |
| **GDPR and confidentiality:**  The information you disclose to LACE Housing will be used to:   * **Decide if you are eligible for housing with us** * **Assess your housing and care needs alongside your current housing circumstances** * **Enable us to match your needs and preferences with available empty homes now and in the future** * **Assess your ability to meet payments in relation to any offer of a tenancy with us** * **Enable monitoring and provide statistical information as required** * **We have a duty to help prevent and detect fraud. This means that we may share information provided to us with other organisations or authorities for the purposes of checking the accuracy of the information provided and to prevent or detect crime. We comply with the terms of the General Data Protection Regulation (GDPR)**   **Marketing material:**  We have new housing schemes and support services that we would like to keep you up to date on. If you consent to us contacting you for this purpose, please tick the most suitable methods, as below:  Post □ email □ telephone □ text message □  If you change your mind about being contacted in the future, please let us know.  To assist LACE Housing in sharing to a wider audience, information on future events/news and services offered by the Association, please advise how you heard of LACE Housing:  Word of mouth Website Magazine Newspaper  Social Media Other If other, please provide detail………………………………..  **Declaration:**  Please read through the following statements and sign at the bottom to show you understand and agree with them:   * I/we are eligible to apply for housing with LACE Housing Limited * I/we will inform LACE Housing Limited of any change of circumstances * My/our current or previous landlord(s) can be contacted for a reference * My/our doctor, hospital consultant, health visitor, social worker, care provider, police and any other relevant person can be contacted if more information is needed for my/our housing application * I/we understand that LACE ask about relevant unspent criminal convictions based on their legitimate interest of ensuring the safety of me/us and other tenants (for Article 6 of the GDPR) and for ‘social protection’ purposes and the prevention or detection of unlawful acts, (for Article 10 of the GDPR) as set out in Schedule 1 of the Data Protection Act. * All information given by me/us to LACE Housing Limited is true. If I/we supply false information or keep back any information, my/our application may be cancelled * I/we agree to receive any marketing material relevant to LACE Housing Limited, any Local Authority or Agent we partner in relation to housing or leasehold sales. If you do not tick this box, it will not disadvantage your housing application. * I/we have answered all questions in relation to staff/committee connections * If I/we are given a tenancy because I/we have supplied false information or I/we have kept back information I/we could lose any tenancy * I/we confirm that there is nothing further that we would like to advise that could affect my/our ability to sustain a tenancy or the appropriateness of an offer of a particular kind of housing/location.   **Please be advised that if you opt out of giving consent to any of the reference checks detailed above, we will not be in a position to progress with your application.**  **Signature of Applicant Signature of second applicant**   |  | | --- | |  |  |  | | --- | |  |   Date: Date: |

**Checklist**:

□ Have you completed all relevant parts of the application form. If you return your form incomplete, this will delay the application process

□ By completing this form, you agree that you are ready to be considered for any available property that we may offer you

□ If you are applying for an extra care scheme, we will need a copy of your current adult needs assessment to enable us to band the level of care and assess your suitability for extra care. For private care clients, we will base our assessment on any care currently being provided (please provide proof of the number of hours)

If you have unmet care needs, we require confirmation from a health or social care professional of the number of unmet care hours.

□ Have you included a photocopy as proof of current address

□ Before we can offer a property, we will need to see sight of documents that comply with the Government Right to Rent legislation. Any person over the age of 18 living in one of our homes has to supply this documentation before we can rent a property. Please tick to state that you have, or will have all the documents required should we contact you about a potential offer of a property.

**Equal Opportunities Monitoring**

LACE is committed to meeting the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and by building an accurate picture of the make-up of our residents and applicants, so we can monitor our services and performance to make sure everyone has an equal opportunity to live in one of our homes and receive our services.

We appreciate your help and cooperation to enable us to do this, and it is a voluntary exercise only.

Please tick against the relevant column:

|  |  |  |
| --- | --- | --- |
|  | **First Applicant** | **Second Applicant** |
| **What is your ethnic origin?** | | |
| **White** | | |

|  |  |  |
| --- | --- | --- |
| British |  |  |
| Irish |  |  |
| Other\* |  |  |
| \*Please state if other: | | |

|  |
| --- |
| **Mixed** |

|  |  |  |
| --- | --- | --- |
| White & Black Caribbean |  |  |
| White & Black African |  |  |
| White & Asian |  |  |
| Other |  |  |
| \*Please state if other: | | |

|  |
| --- |
| **Asian / Asian British** |

|  |  |  |
| --- | --- | --- |
| Indian |  |  |
| Pakistani |  |  |
| Bangladeshi |  |  |
| Other |  |  |
| \*Please state if other: | | |

|  |
| --- |
| **Black / Black British** |

|  |  |  |
| --- | --- | --- |
| Caribbean |  |  |
| African |  |  |
| Other |  |  |
| \*Please state if other: | | |
| **Chinese** |  |  |
| **Gypsy/Romany/irish Traveller** |  |  |
| **Any Other Ethnic Group** |  |  |
| \*Please state if other: | | |
| **Prefer not to say** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **First Applicant** | **Second Applicant** |
| **What is your nationality?** | | |

|  |  |  |
| --- | --- | --- |
| UK National resident in the UK |  |  |
| UK National resident returning from overseas |  |  |
| Czech |  |  |
| Estonian |  |  |
| Hungarian |  |  |
| Latvian |  |  |
| Lithuanian |  |  |
| Polish |  |  |
| Slovakian |  |  |
| Slovenian |  |  |
| Bulgarian |  |  |
| Romanian |  |  |
| Other European Economic Country |  |  |
| Any other Country |  |  |
| Prefer not to say |  |  |

|  |  |  |
| --- | --- | --- |
|  | **First Applicant** | **Second Applicant** |
| **How would you best describe your religion or belief?** | | |

|  |  |  |
| --- | --- | --- |
| Buddhist |  |  |
| Christian |  |  |
| Hindu |  |  |
| Jewish |  |  |
| Muslim |  |  |
| Sikh |  |  |
| No religion or belief |  |  |
| Prefer not to say |  |  |
| Other |  |  |
| \*Please state if other: | | |

|  |  |  |
| --- | --- | --- |
|  | **First Applicant** | **Second Applicant** |
| **How would you describe your sexual orientation?** | | |

|  |  |  |
| --- | --- | --- |
| Heterosexual |  |  |
| Bisexual |  |  |
| Gay woman / Lesbian |  |  |
| Gay man |  |  |
| Prefer not to say |  |  |
| \*Please state if you wish to disclose your sexual orientation that is not listed: | | |

|  |  |  |
| --- | --- | --- |
|  | **First Applicant** | **Second Applicant** |
| **How would you best describe your gender?** | | |

|  |  |  |
| --- | --- | --- |
| Male |  |  |
| Female |  |  |
| Intersex |  |  |
| Non-binary |  |  |
| Prefer not to say |  |  |
| \*Please state if you wish to disclose your gender that is not listed: | | |

|  |  |  |
| --- | --- | --- |
|  | **First Applicant** | **Second Applicant** |
| **Do you consider yourself to have a disability?** | | |

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  |  |
| Prefer not to say |  |  |

**If yes, what is the nature of your disability?**

**(tick as many boxes that apply)**

|  |  |  |
| --- | --- | --- |
| Impaired speech |  |  |
| Impaired mobility |  |  |
| Impaired hearing |  |  |
| Impaired sight |  |  |
| Learning disability |  |  |
| Life limiting illness |  |  |
| Mental illness |  |  |
| Prefer not to say |  |  |
| \*Please state if other: | | |